

Exhibit 56



CERTIFICATION OF MEDICAL RECORDS

As custodian of records at Kaiser Permanente, I certify that the attached photocopies consisting of 19 pages are true photocopies of the medical records and 2 pages of the itemized billing statement pertaining to:

PATIENT NAME: Desire N Evans **MRN# 88245320**

Based on federal and state privacy rules that protect a patient's health information, we have redacted certain information from the enclosed records. The information has been redacted because: (1) We must have the patient's written consent or a court order before we can release certain health information, even in response to a subpoena and/or. (2) The information redacted is not responsive to the subpoena. The information redacted in the attached records is specified below and/or marked accordingly.

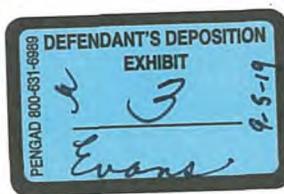
Billing Report:

The original of said records are maintained by Kaiser Permanente.
Subsequent re-disclosure of this patient's medical records is prohibited by law.

Esther Ross
Name: Esther T Ross Hict
Health Information Management Services Supervisor/Designee

8/17/2018

Plaintiffs0000005735



D. Clifton a.k.a. D. Evans: Smith 000001

MA_PM1510_HIMS_Itemized_Billing_Statement_Report



Report Date Option: Custom Date Range
 Date Range: 1/1/2003 - 8/17/2018
 Home Center: CAMP SPRINGS
 Patient Name: EVANS,DESIRE N
 Patient MRN: 88245320

Date Of Service	Provider Name	Diagnosis Code	Diagnosis Name	Department Name	Procedure Code	Payment Date	Modifier One	Procedure Name	Fee	Patient Amount
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REDACTED

1/17/2018	SMITH, SHANDA J (M.D.)	F33.2	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	PSYCHIATRY LARGO 90792			PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	\$455.00	0.0
				PSYCHIATRY LARGO 1003	1/17/2018 12:0		POS MEMBER COPAY GUAR PAYMENT		-20.0

MA_PM1510_HIMS_Itemized_Billing_Statement_Report.rpt v1.0

Report Run Date: 8/17/201

Kaiser Foundation Health Plan off the MidAtlantic States
 2101 East Jefferson Street
 Rockville, MD 20852-6611

Tax I.D. number - 520954463

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Plaintiffs0000005736

D. Clifton a.k.a. D. Evans: Smith 000002

Patient Name: EVANS, DESIRE N
 Patient MRN: 88245320

Date Of Service	Provider Name	Diagnosis Code	Diagnosis Name	Department Name	Procedure Code	Payment Date	Modifier One	Procedure Name	Fee	Patient Amount
2/6/2018	13SMITH, SHANDA J (M.D.)	F33.2	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	PSYCHIATRY LARGO 99442				PHYS/QHP TELEPHONE EVALUATION 11-20 MIN	\$60.00	0.0
									Total Charges :	\$1,883.0
									Total Patient Payments :	\$(50.00)
									Total Patient Refund :	

Plaintiffs0000005737

D. Clifton a.k.a. D. Evans: Smith 000003

MA_PM1510_HIMS_Itemized_Billing_Statement_Report.rpt v1.0

Report Run Date: 8/17/201

Kaiser Foundation Health Plan off the MidAtlantic States
 2101 East Jefferson Street
 Rockville, MD 20852-6611

Tax I.D. number - 520954463

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~ Patient History Report for Evans, Desire N [88245320]: Temporary report setting [3152712] -- Submitted 8/17/2018 9:29:08 AM

Date	Time	Len	Status	Dept/Loc	Providers	Type
02/16/2018	1:50 PM	20	No Show	PSY LA [1300030068]	Smith, Shanda J (M.D.)	VID VIS MM [4464]
02/06/2018	3:30 PM	20	Completed	PSY LA [1300030068]	Smith, Shanda J (M.D.)	PHONE-20 BH [4360]
01/17/2018	4:10 PM	60	Completed	PSY LA [1300030068]	Smith, Shanda J (M.D.)	NE [1090]

Encounters

Plaintiffs0000005739

D. Clifton a.k.a. D. Evans: Smith 000005

Patient Demographics

Patient Name	MRN	Sex	DOB	Address	Phone
Evans, Desire N	882453 20	Female	3/25/19 79	11529 LELAND PLACE WALDORF MD 20601	301-256-7195 (Home) 000-000-0000 X00000 (Work) 301-256-7195 (Mobile)

Registration

Non- EpicCare Patient

PCP and Center

Primary Care Provider	Phone	Center
Dilasha (M.D.) Katwal, M.D.	301-702-6100	None

PCP and Location

PCP	Location
DILASHA KATWAL MD, MEDICAL DOCTOR	CAMP SPRINGS[130014]

Immunization Summary

No immunizations on file.

Reviewed on 11/14/2017

Allergies

Allergies as of 8/17/2018	Reviewed On: 11/14/2017 By: Sinkiewicz, Melissa (D.O.), D.O.			
Iodine [Iodinated Glycerol]	Severity	Noted	Reaction Type	Reactions
Iodine [Iodinated Glycerol]	Not Specified	11/10/2017		Anaphylaxis

Problem ListProblem List as of 08/17/2018

Problem	Noted
MAJOR DEPRESSIVE DISORDER, RECURRENT EPISODE, SEVERE W ANXIOUS STRESS	1/17/2018

MedicationsMedications at Start of Encounter

	Disp	Refills	Start	End
LORazepam (ATIVAN) 0.5 mg Oral Tab	20	0/0	2/6/2018	2/26/2018
Sig - Route: Take 1 to 2 tablets orally up to once a day ONLY AS NEEDED for severe anxiety**TAKE SPARINGLY** - Oral				
Class: Fill in 4 hours				
traZODone (DESYREL) 50 mg Oral Tab	60	1/1	1/23/2018	1/23/2019
Sig - Route: Take 1 to 2 tablets at bedtime ONLY AS NEEDED for insomnia; may take up to 4 tablets if needed - Oral				
Class: Fill in 4 hours				
FLUoxetine (PROZAC) 10 mg Oral Cap	60	1/1	1/17/2018	1/17/2019
Sig - Route: Take 1 capsule daily for 1 week then increase to 2 capsules - Oral				
Class: Fill Now				
hydrOXYzine HCl (ATARAX) 50 mg Oral Tab	60	1/1	1/17/2018	1/17/2019

Evans, Desire N
MRN: 88245320

Medications (continued)**Medications at Start of Encounter (continued)**

		Disp	Refills	Start	End
Sig - Route: take 1-2 tablets at bedtime ONLY AS NEEDED for insomnia; may take one-half to 1 tablet up to twice a day as needed for anxiety - Oral					
Class:	Fill Now				
Diclofenac Sodium (VOLTAREN) 50 mg					
Oral TBEC DR Tab	60	2/2		11/14/2017	11/14/2018
Sig - Route: Take 1 tablet by mouth 2 times a day as needed for pain - Oral					
Class:	Fill Now				

Medical and Surgical History**Medical History**

No past medical history on file.

Surgical History

No past surgical history on file.

Obstetric History**Obstetric History**

The patient has not been asked about pregnancy.

Social History**Family and Education**

Marital Status
Married

Substance & Sexual Activity

No substance use or sexual activity history on file.

Social Documentation

No social documentation on file.

Family and Employment History**Family History**

No family history on file.

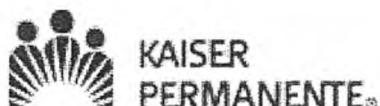
Employment History

No employment history on file.

Encounter Status

Open

END OF REPORT



Evans, Desire N
MRN: 88245320

Family and Employment History (continued)

Desire N Evans

1/17/2018 4:10 PM Office Visit
MRN: 88245320

Description: 38 year old female
Provider: SHANDA J SMITH MD

Encounter #: 250876505
Center: LARGO

Department: Psychiatry
Largo

Visit Summary

PCP and Center

Primary Care Provider Dilasha (M.D.) Katwal, M.D.	Phone 301-702-6100	Center CAMP SPRINGS
------------------------------------------------------	-----------------------	------------------------

Registration

Non- EpicCare Patient

Reason for Visit

PSYCHIATRIC EXAM

Diagnoses

MAJOR DEPRESSIVE DISORDER, RECURRENT EPISODE, SEVERE W ANXIOUS STRESS - Primary	Codes F33.2	Comments
------------------------------------------------------------------------------------	----------------	----------

Progress Notes

Smith, Shanda (M.D.), M.D. at 1/17/2018 4:10 PM

Status: Signed

PSYCHIATRIC EVALUATION

New Evaluation.

CC: depression and anxiety

ID: **Desire N Evans** is a 38 yr old female who presents voluntarily to Kaiser Permanente Largo Medical Center Behavioral Health for psychiatric evaluation. She is self-referred after consultation with her primary care doctor DILASHA KATWAL MD, M.D.

HPI: Desire N Evans is a 38 yr old African-American female who presents for a psychiatric evaluation. Pt reports feeling anxious/depressed for most of her life but worse over the past near one year since her birthday in March. Reports significant anxiety described as excess worry that is difficult to control, intermittent panic sx's (SOB/palpitations/insolable weeping). Cries seemingly out of the blue for no reason. Has had passive thoughts of death related to hopelessness but denies any intent/plans b/c of her strong attachment to her 2yo son; "he keeps me going".

Endorses depressed mood, anhedonia, initial/middle insomnia related to anxious thoughts, low energy, and low appetite. Also poor focus at times because of anxiety/thoughts jumping around.

Works from home so she can watch her son but he's growing/more active and this is becoming more of a challenge.

Denies any specific stressors/changes. Does note not feeling satisfied with where she is in life; "I have so many ideas"; says she cannot focus or pursue any of her goals b/c of anxiety.

Pt describes herself as very private; husband aware of her depression but feels he doesn't know how to respond; mother as well but their response is to give her space as she often can be short/easily irritated

Evans, Desire N
MRN: 88245320

Progress Notes (continued)

Smith, Shanda (M.D.), M.D. at 1/17/2018 4:10 PM (continued)

which pushes them away.

Open to start both medication and psychotherapy to target depression.

Past Psychiatric History:

Hx of symptoms on/off through-out adult life;

One suicide attempt by overdose in '09; admitted for psychiatric tx for about 5d;

Started on Fluoxetine but stopped soon after d/c;

No additional/continued care

Family Psychiatric History:

None known

Social History:

B/R by grandparents as father was incarcerated on/off and mother was often out of the home;

Has one brother 9y younger by her parents who were married/divorced in '09;

Functioned as a parent to younger brother;

Moved often while growing up b/t family

Completed education through HS and some college

Works FT for Care First Blue Cross; works from home

Married x 2y and has a 2yo son

Substance Use:

Alcohol: rarely

Tobacco: denies

Drug use: daily MJ use to help with sleep

Medical History:

No past medical history on file.

ALLERGIES

Allergen

- Iodine [Iodinated Glycerol]

Reactions

Anaphylaxis

Medications: No active medications on file as of 01/17/2018

MENTAL STATUS EXAMINATION::

Orientation: Alert and Oriented to self, time, place, situation; **Appearance:** Appropriately groomed with good hygiene; **Psychomotor:** mild PMA/ noPMR; **Speech:** normal rate, tone, volume; **Mood:** depressed; **Affect:** Sad/tearful and mood congruent

Thought Process: Linear, goal-directed, organized; **Thought Content:** centered on the situation, denies active SI, intent/plan to harm self; no overt evidence of psychosis or ideas of reference **Cognition:** Grossly intact based on overall recall of recent and remote memory; **Insight/Judgment:** fair/intact

Risk Assessment:

Risk Factors: hx of suicide attempt in '09

Protective Factors: no active desire to die; is help seeking; strongly attached to 2yo son; +supports; future oriented

Overall Risk Level: low

Evans, Desire N
MRN: 88245320

Progress Notes (continued)Smith, Shanda (M.D.), M.D. at 1/17/2018 4:10 PM (continued)

Patient is at low risk of self-harm given no active suicidal ideation/intent or plan to harm herself; strong attachment to her 2yo son and says she would never harm herself/be away from him.

Safety plan has been reviewed. Patient agrees to call 911 and inform family/friends of crisis and/or reach out for support if active self-harm thoughts develop.

Diagnoses:

Major Depressive D/O, Recurrent, Severe with Anxious Stress
Unhealthy Substance Behavior

Treatment plan:

Risk Assessment: Patient was found to be at low risk for danger to self or danger to others and is safe for treatment on the outpatient level of care.

Psychoeducation was provided.

1. Prozac 10mg: one cap daily for 1 week then increase to 2 capsules daily
2. Hydroxyzine 50mg: **one to two tablets ONLY AS NEEDED** for difficulty **sleeping**; **1/2 to 1 tablet** as needed for severe anxiety
3. Video Visit: Friday Feb 16th at 1:50pm
4. Psychotherapy NE on Friday 1/19 at 3pm at Marlow Heights

Please feel free to secure message me through kp.org or call this clinic at 301 386-6800 for any questions or concerns related to your medication(s) prior to our next appointment

Electronically signed by Smith, Shanda (M.D.), M.D., 1/19/2018 4:44 PM

Visit Disposition

Disposition

Return in about 1 month (around 2/17/2018).

MedicationsOrdered Medications

		Disp	Refills	Start	End
FLUoxetine (PROZAC) 10 mg Oral Cap	Take 1 capsule daily for 1 week then increase to 2 capsules - Oral	60	1/1	1/17/2018	1/17/2019
hydrOXYzine HCl (ATARAX) 50 mg Oral Tab	take 1-2 tablets at bedtime ONLY AS NEEDED for insomnia; may take one-half to 1 tablet up to twice a day as needed for anxiety - Oral	60	1/1	1/17/2018	1/17/2019

Infusion Orders

No relevant orders to display.

Level of Service

Evans, Desire N
MRN: 88245320

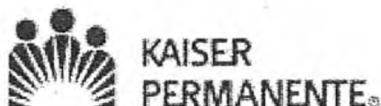
Level of Service (continued)

Level of Service

PSYCHIATRIC DIAGNOSTIC EVAL W MEDICAL SERVICES [90792A]

Encounter Status

Completed By Smith, Shanda (M.D.), M.D. on 1/19/18 at 4:44 PM

Delivery Summary - Mom**END OF REPORT****After Visit Summary**

1/17/2018

Desire N Evans
MRN: 88245320**Visit Information**Visit Information

Date & Time 1/17/2018 4:10 PM	Provider Smith, Shanda J (M.D.), M.D.	Department PSYCHIATRY LARGO	Encounter # 250876505
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Diagnoses

MAJOR DEPRESSIVE DISORDER, RECURRENT EPISODE, SEVERE W ANXIOUS STRESS - Primary	Codes F33.2	Comments
------------------------------------------------------------------------------------	----------------	----------

Instructions and Follow-UpPatient Instructions

1. Prozac 10mg: one cap daily for 1 week then increase to 2 capsules daily
2. Hydroxyzine 50mg: **one to two** tablets ONLY AS NEEDED for difficulty **sleeping**; **1/2 to 1** tablet as needed for severe anxiety
3. Video Visit: Friday Feb 16th at 1:50pm
4. Psychotherapy NE on Friday 1/19 at 3pm at Marlow Heights

Please feel free to secure message me through kp.org or call this clinic at 301 386-6800 for any questions or concerns related to your medication(s) prior to our next appointment

Follow-up and Disposition

Return in about 1 month (around 2/17/2018):

Evans, Desire N
MRN: 88245320

Instructions and Follow-Up (continued)

Medications

Medications Started This Visit

FLUoxetine (PROZAC) 10 mg Oral Cap
hydrOXYzine HCl (ATARAX) 50 mg Oral Tab

Additional Information

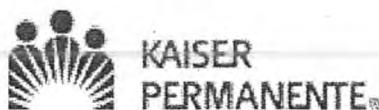
Do you need to cancel an appointment?

Please inform us at least 24 hours in advance if you need to cancel an appointment. You can cancel appointments online at kp.org or by calling our appointment line at 703-359-7878 or toll free at 1-800-777-7904 (TTY 703-359-7919 or toll free at 1-800-700-4901) and selecting option 1. For Behavioral Health, please call 1-866-530-8778.

kp.org Information

Are you a registered member of kp.org? If not, please visit www.kp.org to register and to begin using this exceptional feature. Via the website, you can view recent lab test results, past office visit information, immunizations, and medication allergies. You can also send secure e-mail messages with questions to your provider or to the advice nurse, and you can refill prescriptions as well as have the ability to check your eligibility and benefits. Secure, easy to access and always available.

Evans, Desire N
MRN: 88245320



Desire N Evans

1/22/2018 5:47 PM Patient Secure Message

MRN: 88245320

Description: 38 year old

female

Provider: SHANDA J

SMITH MD

Department: Psychiatry

Largo

Encounter #: 251670299

Center: LARGO

Visit Summary**Reason for Visit****Telephone Contact Summary****Call Information**

1/22/2018 5:47 PM	Provider Smith, Shanda (M.D.), M.D.	Department Psychiatry Largo	Center LARGO
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Encounter Documentation

No notes of this type exist for this encounter.

Encounter Messages**RE: Medication Question**

From Shanda J (M.D.) Smith, M.D. Last Read in kp.org 2/2/2018 3:16 PM by Desire N Evans	To Desire N Evans	Sent and Delivered 1/23/2018 2:16 PM
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Good afternoon,

Yes there are other options.

Please stop the Hydroxyzine.

I will send a Rx for Trazodone to the Camp Springs pharmacy. You can take 1-2 tablets at bedtime as needed for insomnia.

The maximum dosage is 200mg so you if needed you can increase up to 4 tabs at bedtime.

Dr. Smith

Previous Messages**----- Message -----**

From: Desire N. Evans
Sent: 1/22/2018 5:47 PM EST
To: SHANDA SMITH MD, M.D.
Subject: Medication Question

Good Evening

I'm writing because the sleep medication I was prescribed gives me migraines. I even tried to take half, and although the headache was not as severe, taking half did not get rid of my symptoms. Are there any other

Evans, Desire N
MRN: 88245320

Telephone Contact Summary (continued)

Encounter Messages (continued)

options?

Medication Question

From	To	Sent
Desire N Evans	Shanda J (M.D.) Smith, M.D.	1/22/2018 5:47 PM
Good Evening		

I'm writing because the sleep medication I was prescribed gives me migraines. I even tried to take half, and although the headache was not as severe, taking half did not get rid of my symptoms. Are there any other options?

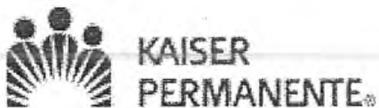
Patient Secure Message Encounter Routing History

Patient Instructions

None

END OF REPORT

Evans, Desire N
MRN: 88245320



Desire N Evans
1/23/2018 2:15 PM Orders Only
MRN: 88245320

Description: 38 year old female
Provider: SHANDA J SMITH MD
Department: Lab Services
Regl Lab

Encounter #: 251837674
Center:

Visit Summary

PCP and Center

Primary Care Provider Dilasha (M.D.) Katwal, M.D.	Phone 301-702-6100	Center CAMP SPRINGS
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Registration

Non- EpicCare Patient

Reason for Visit

Progress Notes

No notes of this type exist for this encounter.

Medications

Ordered Medications

	Disp	Refills	Start	End
traZODone (DESYREL) 50 mg Oral Tab Take 1 to 2 tablets at bedtime ONLY AS NEEDED for insomnia; may take up to 4 tablets if needed - Oral	60	1/1	1/23/2018	1/23/2019

Infusion Orders

No relevant orders to display.

Encounter Status

Completed By Mas Interface, Default User on 1/25/18 at 2:04 AM

Delivery Summary - Mom

END OF REPORT

Evans, Desire N
MRN: 88245320



Desire N Evans

2/6/2018 3:30 PM Scheduled Telephone Encounter

MRN: 88245320

Description: 38 year old female

Provider: SHANDA J SMITH MD

Department: Psychiatry Largo

Encounter #: 253087182
Center: LARGO**Visit Summary****Reason for Visit**

ANXIETY

Diagnoses

	Codes	Comments
MAJOR DEPRESSIVE DISORDER, RECURRENT EPISODE, SEVERE W ANXIOUS STRESS - Primary	F33.2	

Telephone Contact Summary**Outgoing Call**

2/6/2018 3:32 PM	Provider Smith, Shanda (M.D.), M.D.	Department Psychiatry Largo	Center LARGO
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Encounter Documentation

Smith, Shanda (M.D.), M.D. at 2/6/2018 3:55 PM

Status: Signed

Scheduled Telephone Medication Management Visit

S: Pt called for scheduled follow-up, symptoms assessment and medication review. Chart and history reviewed. Called pt in response to secure message; notes initial improvement in mood; not crying as much after starting Prozac and titrated to 20mg successfully; however about 1.5 week after increasing to 20mg experienced heightened anxiety, chest palpitations, shakiness; on further discussion pt under significant stress; feels bad about still living in her mother's home after 1y; "I'm almost 40, married, and have a son"; some issues w/ mother's mate; also pt in the process of buying a home which has been stressful. Feels she is tolerating Prozac well.

Rec pt continue Prozac 20mg and also discussed r/b/se of sparing use of Ativan for severe anxiety/palpitations; discussed it can be habit forming and cautioned against regular use. Appeared to understand.

No SI

Current Meds:

Prozac 20mg

Trazodone 50mg hs prn

Mental Status Exam:

She sounds awake alert, cooperative.

Evans, Desire N
MRN: 88245320

Encounter Documentation (continued)**Smith, Shanda (M.D.), M.D. at 2/6/2018 3:55 PM (continued)**

Speech: spontaneous, nl rate/volume/tone

Mood: anxious/stressed

Thought Process: logical, goal-directed.

Thought Content: Denies suicidal ideation/intent/plan. No evidence of homicidal ideation, delusions, or hallucinations.

Cognition: grossly intact

Insight/Judgment: intact

Diagnosis:

MDD, Rec, Mod with Anxious Stress

Plan:

1. Start Ativan 0.5mg: 1-2 prn severe anxiety
2. Continue Prozac 20mg
3. F/u with me on 2/16 as scheduled

Encouraged to f/u via kp.org sooner if needed.

The risks, benefits, side effects and alternatives for the various medications (including not taking medications) started today were reviewed with the pt.

I have confirmed the presence of the above clinical diagnoses, which were considered in the current and ongoing care of the patient. At the time of this visit, the patient states, and/or the medical record indicates, that there are no changes in these conditions, unless otherwise noted, and the patient has been advised to follow up with PCP or specialist as treatment warrants.

Electronically signed by Smith, Shanda (M.D.), M.D., 2/6/2018 3:59 PM

Contacts

	Type	Contact	Phone
02/06/2018 03:32 PM	Phone (Outgoing)	Evans, Desire N (Self)	

Level of Service

Level of Service
PHYS TAV, EST PAT, 11-20 MIN OF MEDICAL DISCUSSION [99442A]

Encounter Messages

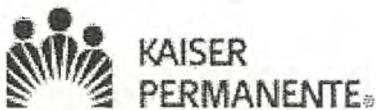
No messages in this encounter

Patient Secure Message Encounter Routing History**Patient Instructions**

None

END OF REPORT

Evans, Desire N
 MRN: 88245320



Desire N Evans

2/6/2018 11:48 AM Patient Secure Message
MRN: 88245320Description: 38 year old female
Provider: SHANDA J SMITH MD
Department: Psychiatry LargoEncounter #: 253059819
Center: LARGO**Visit Summary****Reason for Visit****Telephone Contact Summary****Call Information**

2/6/2018 11:48 AM	Provider Smith, Shanda (M.D.), M.D.	Department Psychiatry Largo	Center LARGO
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Encounter Documentation

No notes of this type exist for this encounter.

Encounter Messages

RE: Medication Question

From Desire N Evans	To Shanda J (M.D.) Smith, M.D.	Sent 2/6/2018 2:14 PM
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The hydroxyzine was giving me migraines, and you changed me to trazadone which doesn't work at all. The nausea is not coming from the medicine. My anxiety/nervousness is causing my stomach to feel this way and unable to eat. I literally feel like I'm sitting in the doctors office waiting to hear the worst news of my life. I don't know why I feel so nervous and scared.

Previous Messages

----- Message -----

From: SHANDA SMITH MD, M.D.
Sent: 2/6/2018 1:58 PM EST
To: Desire N. Evans
Subject: RE: Medication Question

Good afternoon,

Thank-you for the update.

It doesn't sound like this medication is working well.

For now I recommend you reduce the Prozac back down to just one tablet daily (10mg) to reduce the side effects (shakiness, nausea etc).

Prozac (Fluoxetine) typically takes 4-6 weeks for maximal effect of your anxiety.

The Hydroxyzine can be used short term to help with your anxiety/nervousness until the Prozac is effective. What has your response been to the Hydroxyzine?

Evans, Desire N
MRN: 88245320

Telephone Contact Summary (continued)

Encounter Messages (continued)

Dr. Smith

----- Message -----

From: Desire N. Evans
Sent: 2/6/2018 11:48 AM EST
To: SHANDA SMITH MD, M.D.
Subject: Medication Question

Good Morning

I have been trying to email since last wee, I hope this one make it through. I am writing because the first week and half on my medication, I was doing a lot better. I still have extreme anxiety, but I was not as depressed or sad. Fast forward to last week I began to feel worse than I was before even with the medication. I became really sad and depressed again almost angry. My anxiety is to the put that I'm feeling nauseous I can't eat because I'm so nervous I feel like I'm going to vomit. I don't know what I should do at this point my hands are literally shaking.

RE: Medication Question

From	To	Sent and Delivered
Shanda J (M.D.) Smith, M.D.	Desire N Evans	2/6/2018 1:58 PM
Last Read in kp.org 2/6/2018 2:33 PM by Desire N Evans		
Good.afternoon,		

Thank-you for the update.

It doesn't sound like this medication is working well.

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Dr. Smith

Previous Messages

----- Message -----

From: Desire N. Evans
Sent: 2/6/2018 11:48 AM EST
To: SHANDA SMITH MD, M.D.
Subject: Medication Question

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Evans, Desire N
MRN: 88245320

Telephone Contact Summary (continued)

Encounter Messages (continued)

hands are literally shaking.

Medication Question

From	To	Sent
Desire N Evans	Shanda J (M.D.) Smith, M.D.	2/6/2018 11:48 AM

Good Morning

I have been trying to email since last wee, I hope this one make it through. I am writing because the first week and half on my medication, I was doing a lot better. I still have extreme anxiety, but I was not as depressed or sad. Fast forward to last week I began to feel worse than I was before even with the medication. I became really sad and depressed again almost angry. My anxiety is to the put that I'm feeling nauseous I can't eat because I'm so nervous I feel like I'm going to vomit. I don't know what I should do at this point my hands are literally shaking.

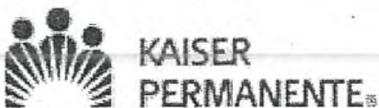
Patient Secure Message Encounter Routing History

Patient Instructions

None

END OF REPORT

Evans, Desire N
MRN: 88245320



Desire N Evans
2/16/2018 1:59 PM Telephone
MRN: 88245320

Description: 38 year old female
Provider: SHANDA J SMITH MD
Department: Psychiatry
Largo

Encounter #: 253752948
Center: LARGO

Visit Summary

Reason for Visit

Telephone Contact Summary

Call Information

2/16/2018 1:59 PM	Provider Smith, Shanda (M.D.), M.D.	Department Psychiatry Largo	Center LARGO
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Encounter Documentation

Smith, Shanda (M.D.), M.D. at 2/16/2018 1:59 PM

Status: Signed

Attempted to reach pt who didn't log in for today's Video Visit.

Reached her VM and left message w/ my name/return number.

Encouraged her to reach out to me either through kp.org or by phone for any questions/concerns

Electronically signed by Smith, Shanda (M.D.), M.D., 2/16/2018 2:00 PM

Encounter Messages

No messages in this encounter

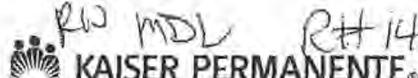
Patient Secure Message Encounter Routing History

Patient Instructions

None

END OF REPORT

Evans, Desire N
MRN: 88245320



R# MDL R# 1417974

KAI SER PERMANENTE

(*Kaiser Permanente entities are listed on reverse side of this form)

**AUTHORIZATION FOR USE
OR DISCLOSURE OF PATIENT
HEALTH INFORMATION**

Note: Fees may apply to certain requests

Patient Name: Dawn Evans
 Medical Record number: 8824320 Birth Date: 3.25.75
 Address: 11501 Leeland Place
 City: Woodstock State: VA
 Zip Code: 20191 Phone #: (703) 256-7195
 Email: _____

Kaiser Permanente may release this information to: Check if same as above

Recipient Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____
 Phone # () _____ Email: _____

This disclosure can be used for the following purpose(s): Personal Use Legal Insurance
 Medical Treatment Medical Condition Verification Disability EMLA Workers' Comp

Check ONLY one of the following three options to identify the health information to be released.

Option 1: Form Completion (a substitute form or relevant medical records may be released)
 Option 2: Last 2 years of Kaiser Permanente Medical Office and Kaiser Foundation Hospital records
 Option 3: Records as specified. You must complete Step 1 and Step 2 below.

Step 1. Enter date range or date(s) of the records to be released: _____

Step 2. Select types of records to be released:

<input type="checkbox"/> KP Medical Office	<input type="checkbox"/> Kaiser Foundation Hospital	<input type="checkbox"/> Immunization	<input type="checkbox"/> Lab Results
<input type="checkbox"/> Diagnostic Images	<input type="checkbox"/> Copays & Deductibles	<input type="checkbox"/> Itemized Billing	<input type="checkbox"/> Pharmacy
<input checked="" type="checkbox"/> Other (provider, department, specialty): _____			

NOTE: Hospital and Medical Office records released as part of this authorization may contain references related to mental health, addiction, and HIV medical conditions.

Check the boxes below if you want this release to include the following information. Otherwise, this information will be excluded.

Mental Health Treatment Records Addiction Medicine Treatment Records HIV Test Results

Media Type: Electronic Paper Delivery Preference: Electronic Mail Pickup

DURATION: Authorization shall remain in effect for one year from the date of signature below. However, in Washington, D.C. permission to release addiction medicine treatment records expires after six (6) months.

REVOCATION: You or your personal representative may cancel this authorization for future releases by submitting a written request to the Release of Information Unit listed for your region of service on the reverse side of this form. Your cancellation will not affect information that was released prior to receipt of the written request.

REDISCLOSURE: Once this information is released, it may not be protected under federal privacy law (HIPAA). State or other federal law may require the recipient to obtain your authorization before further disclosure.

Kaiser Permanente may not condition treatment, payment, enrollment, or eligibility for benefits on whether you sign this authorization. This disclosure is made at your request. For Virginia patients, a copy of this authorization, and a note stating to whom your information was disclosed will be included in your medical record. A copy of the original authorization is valid. You have a right to a copy of this completed authorization.

1/18/18

Signature

If personal representative, print name/relationship



Health Care Provider Certification for the Family Medical Leave Act (FMLA)
 Employee's Own Serious Health Condition

15

Employee Section

A Important!

1. Your health care provider must complete **all** questions on this form.
2. You must call Aon Hewitt at 1-888-763-6468, option 2, to initiate your leave of absence before you submit this form. Failure to contact Aon Hewitt to report your leave may affect your job, pay, and benefits.
3. Fax this **completed** form to 1-847-554-1934 or mail it to Aon Hewitt, P.O. Box 785002, Orlando, FL 32878-5002.

Name (Print): <i>Davine Evans</i>	Employee ID
-----------------------------------	-------------

Health Care Provider Section – Answer ALL Questions

1. Check the serious health condition(s) requiring this employee to take a leave of absence: (See definitions page for more information.)

Absence Plus Treatment Chronic Conditions Requiring Treatment Hospital Care Pregnancy
 Permanent/Long-Term Conditions Requiring Supervision Multiple Treatments (Nonchronic Conditions)

2. Describe the medical facts that support the condition(s) identified above: (not required for employees working in California)

Major Depressive Disorder, Recurrent Episode Severe w/Anxious Stress

3. Can the employee do work of any kind? (Check one.)

Yes, the employee can do his or her job. Yes, the employee can work but cannot do his or her job. Explain the restrictions: _____
 Yes, the employee can do *part* of his or her job. _____
 No, the employee cannot do any work. _____

4. The employee needs to miss work:

Continuously-An uninterrupted absence for a single illness or injury
 Intermittently-Occasional absences due to a single illness or injury (includes reduced schedule)

If intermittently,

a) Check one and provide the related information:

Planned, Regular Schedule

What's the requested reduced schedule (for example, 20 hours a week)? _____

How many hours can this employee work each day (for example, 5 hours)? _____

Unplanned, Unknown, or As Needed

How often will this employee be away from work (for example, twice a month)? *twice/month*

How long will this employee be away from work each time (for example, four hours)? *8 hours*

b) Is it medically necessary for the employee to miss work due to the health condition(s)? Yes No

Note: The employee is required to provide a requested leave schedule to his or her manager.

5. Start Date: Date employee is/was first unable to work due to the serious health condition(s) above:

01/17/2018
 mm dd yyyy

If intermittent, use the first date of the most recent period of absence.

6. Return Date: Date employee can return to work at his or her normal schedule:

01/17/2019
 mm dd yyyy

If chronic or permanent condition(s), the return date will be no greater than one year after the leave start date.

Health Care Provider Acknowledgment

Name (Print): *Shanda Smith MD* Date: *1/22/18* Phone: *301-618-5500*

Address: *12201 Mercantile Ln Largo MD 20721*

Signature: *MD*

**KAISER PERMANENTE
 LARGO MEDICAL CENTER**

1221 Mercantile Lane

19 of 19 Largo, Maryland 20774

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D. Clifton a.k.a. D. Evans: Smith 000023